

281490

Duke, Daphne

**From:** Boyd, Jocelyn  
**Sent:** Monday, January 28, 2019 11:21 AM  
**To:** Easterling, Deborah; Duke, Daphne  
**Subject:** Fwd: Incident Report - Gaffney  
**Attachments:** SC\_OR\_2019-01-03\_Gaffney.pdf; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

**RECEIVED**  
 JAN 28 2019  
 PSC SC  
 CLERK'S OFFICE

**From:** "Berry, Farris L" <[Farris.Berry@duke-energy.com](mailto:Farris.Berry@duke-energy.com)>  
**Date:** January 28, 2019 at 9:48:12 AM EST  
**To:** "Johnny Eustace - SC Office of Regulatory Staff ([jeustace@regstaff.sc.gov](mailto:jeustace@regstaff.sc.gov))" <[jeustace@regstaff.sc.gov](mailto:jeustace@regstaff.sc.gov)>, Jocelyn Boyd <[jocelyn.boyd@psc.sc.gov](mailto:jocelyn.boyd@psc.sc.gov)>  
**Cc:** "Gaglio, Victor M" <[Victor.Gaglio@duke-energy.com](mailto:Victor.Gaglio@duke-energy.com)>, "Hebbeler, Gary J" <[Gary.Hebbeler@duke-energy.com](mailto:Gary.Hebbeler@duke-energy.com)>, "Petchul, Martin P" <[Martin.Petchul@duke-energy.com](mailto:Martin.Petchul@duke-energy.com)>, "Henderson, Milton J" <[Milton.Henderson@duke-energy.com](mailto:Milton.Henderson@duke-energy.com)>  
**Subject:** Incident Report - Gaffney

Mr. Eustace and Ms. Boyd,

Please find attached a copy of the incident report for an event that occurred in Gaffney, SC on January 3, 2019.

Thank you.

**Farris Berry** | Manager – Pipeline Safety | Piedmont Natural Gas  
 4720 Piedmont Row Drive | Charlotte, NC 28210 | ☎ Office: 704.731.4618 | ✉ [Farris.Berry@Duke-Energy.com](mailto:Farris.Berry@Duke-Energy.com)



U.S. Department of Transportation  
Pipeline and Hazardous Materials  
Safety Administration

## INCIDENT REPORT – GAS DISTRIBUTION SYSTEM

Report Date 1/28/2019

(DOT Use Only)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

### INSTRUCTIONS

**Important:** Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <https://www.phmsa.dot.gov/forms/pipeline-forms>.

### PART A – KEY REPORT INFORMATION

Report Type: (select all that apply)

☐ Original ☐ Supplemental ☒ Final

Last Revision Date

1. Operator's OPS-issued Operator Identification Number (OPID): 15518

2. Name of Operator: Piedmont Natural Gas

3. Address of Operator:

3.a 4720 Piedmont Row Drive

(Street Address)

3.b Charlotte

(City)

3.c State: NC

3.d Zip Code: 28210

4. Local time (24-hr clock) and date of the Incident:

09:27  
Hour

01  
Month

03  
Day

19  
Year

6. National Response Center Report Number:

  /  /  /  /  /  /  /  

5. Location of Incident:

5.a 413 West Rutledge Ave

(Street Address or location description)

5.b Gaffney

(City)

5.c Cherokee

(County or Parish)

5.d State: SC

5.e Zip Code: 29341

5.f Latitude: 35.0705269

Longitude: -81.6585575

7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:

  /  /  /  /  /  /  /    
Hour

  /  /    
Month

  /  /    
Day

  /  /    
Year

<p><b>8. Incident resulted from:</b></p> <p><input checked="" type="checkbox"/> Unintentional release of gas</p> <p><input type="checkbox"/> Intentional release of gas</p> <p><input type="checkbox"/> Reasons other than release of gas</p>													
<p><b>9. Gas released: (select only one, based on predominant volume released)</b></p> <p><input checked="" type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Propane Gas</p> <p><input type="checkbox"/> Synthetic Gas</p> <p><input type="checkbox"/> Hydrogen Gas</p> <p><input type="checkbox"/> Landfill Gas</p> <p><input type="checkbox"/> Other Gas ➡ *Name: _____</p>													
<p><b>10. Estimated volume of gas released:</b>    /     /     /     /     /     Thousand Cubic Feet (MCF)</p>													
<p><b>11. Were there fatalities?</b>   <input type="radio"/> Yes   <input checked="" type="radio"/> No If Yes, specify the number in each category:</p> <p>11.a Operator employees                 /     /     /     /     /</p> <p>11.b Contractor employees working for the Operator      /     /     /     /     /</p> <p>11.c Non-Operator emergency responders          /     /     /     /     /</p> <p>11.d Workers working on the right-of-way, but NOT associated with this Operator    /     /     /     /     /</p> <p>11.e General public                         /     /     /     /     /</p> <p>11.f Total fatalities (sum of above)       /     /     /     /     /</p>	<p><b>12. Were there injuries requiring inpatient hospitalization?</b>   <input type="radio"/> Yes   <input checked="" type="radio"/> No If Yes, specify the number in each category:</p> <p>12.a Operator employees                 /     /     /     /     /</p> <p>12.b Contractor employees working for the Operator      /     /     /     /     /</p> <p>12.c Non-Operator emergency responders          /     /     /     /     /</p> <p>12.d Workers working on the right-of-way, but NOT associated with this Operator    /     /     /     /     /</p> <p>12.e General public                         /     /     /     /     /</p> <p>12.f Total injuries (sum of above)       /     /     /     /     /</p>												
<p><b>13. Was the pipeline/facility shut down due to the incident?</b> <input type="radio"/> Yes   <input checked="" type="radio"/> No ➡ Explain: _____ If Yes, complete Questions 13.a and 13.b: (<i>use local time, 24-hr clock</i>)</p> <p>13.a Local time and date of shutdown      /     /     /     /     /     /     /     /     /     / Hour Month Day Year</p> <p>13.b Local time pipeline/facility restarted      /     /     /     /     /     /     /     /     /     / Hour Month Day Year</p> <p align="right"><input type="radio"/> Still shut down* (*Supplemental Report required)</p>													
<p><b>14. Did the gas ignite?</b>    <input type="radio"/> Yes   <input checked="" type="radio"/> No</p>													
<p><b>15. Did the gas explode?</b>   <input type="radio"/> Yes   <input checked="" type="radio"/> No</p>													
<p><b>16. Number of general public evacuated:</b>   <u>  0  </u></p>													
<p><b>17. Time sequence (<i>use local time, 24-hour clock</i>):</b></p> <table style="width: 100%; margin-top: 10px;"> <tbody> <tr> <td style="width: 40%;">17.a Local time operator identified failure</td> <td style="text-align: center;"><u>09:43</u> Hour</td> <td style="text-align: center;"><u>01</u> Month</td> <td style="text-align: center;"><u>03</u> Day</td> <td style="text-align: center;"><u>19</u> Year</td> </tr> <tr> <td>17.b Local time operator resources arrived on site</td> <td style="text-align: center;"><u>10:29</u> Hour</td> <td style="text-align: center;"><u>01</u> Month</td> <td style="text-align: center;"><u>03</u> Day</td> <td style="text-align: center;"><u>19</u> Year</td> </tr> </tbody> </table>				17.a Local time operator identified failure	<u>09:43</u> Hour	<u>01</u> Month	<u>03</u> Day	<u>19</u> Year	17.b Local time operator resources arrived on site	<u>10:29</u> Hour	<u>01</u> Month	<u>03</u> Day	<u>19</u> Year
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PART B - ADDITIONAL LOCATION INFORMATION	
1. Was the Incident on Federal land?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Location of Incident: <i>(select only one)</i>	<input type="checkbox"/> Operator-controlled property <input checked="" type="checkbox"/> Public property Private property <input type="checkbox"/> Utility Right-of-Way / Easement
3. Area of Incident: <i>(select only one)</i>	<input checked="" type="checkbox"/> Underground    Specify: <input checked="" type="checkbox"/> Under soil <input type="radio"/> Under a building <input type="radio"/> Under pavement <input type="radio"/> Exposed due to excavation <input type="radio"/> In underground enclosed space (e.g., vault) <input type="radio"/> Other _____ Depth-of-Cover (in): <u>  /  /  /  /  /  </u>  <input type="checkbox"/> Aboveground    Specify: <input type="radio"/> Typical aboveground facility piping or appurtenance (e.g. valve or regulator station, outdoor meter set) <input type="radio"/> Overhead crossing <input type="radio"/> In or spanning an open ditch <input type="radio"/> Inside a building <input type="radio"/> In other enclosed space <input type="radio"/> Other _____  <input type="checkbox"/> Transition Area    Specify: <input type="radio"/> Soil/air interface <input type="radio"/> Wall sleeve <input type="radio"/> Pipe support or other close contact area <input type="radio"/> Other _____
4. Did Incident occur in a crossing? Yes	<input checked="" type="radio"/> No
If Yes, specify type below:	
<input type="checkbox"/> Bridge crossing ➡	Specify: <input type="radio"/> Cased <input type="radio"/> Uncased
<input type="checkbox"/> Railroad crossing ➡	(Select all that apply) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled
<input type="checkbox"/> Road crossing ➡	(Select all that apply) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled
<input type="checkbox"/> Water crossing ➡	(Select all that apply) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled
Name of body of water (If commonly known): _____	
Approx. water depth (ft.): <u>  /  /  /  /  /  </u>	



**PART D - ADDITIONAL CONSEQUENCE INFORMATION**1. Class Location of Incident: *(select only one)*

- ☐ Class 1 Location  
☐ Class 2 Location  
☐ Class 3 Location  
☐ Class 4 Location

## 2. Estimated Property Damage:

- 2.a Estimated cost of public and non-Operator private property damage \$  / / - / / / - / / / / / /  
2.b Estimated cost of Operator's property damage & repairs \$ 4,089.32  
2.c Estimated cost of Operator's emergency response \$  / / / / / / / / / / / /  
2.d Estimated other costs \$  / / / / / / / / / / / /  
Describe: \_\_\_\_\_  
2.e Total estimated property damage (sum of above) \$  / / / / / / / / / / / /

Cost of Gas Released

- 2.f Estimated cost of gas released \$ \_\_\_\_\_  
Total of all cost \$ 4,089.32

## 3. Estimated number of customers out of service:

- 3.a Commercial entities 3  
3.b Industrial entities  / / / / / /  
3.c Residences 76

**PART E - ADDITIONAL OPERATING INFORMATION**

1. Estimated pressure at the point and time of the Incident (psig): 60  
2. Normal operating pressure at the point and time of the Incident (psig): 60  
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):  / / / / /  
4. Describe the pressure on the system relating to the Incident: *(select only one)*  
☒ Pressure did not exceed MAOP  
☐ Pressure exceeded MAOP, but did not exceed 110% of MAOP  
☐ Pressure exceeded 110% of MAOP

**PART F - DRUG & ALCOHOL TESTING INFORMATION**

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?  
☒ No  
☐ Yes ⇒ 1.a Specify how many were tested:  / / /  
1.b Specify how many failed:  / / /
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?  
☒ No  
☐ Yes ⇒ 2.a Specify how many were tested:  / / /  
2.b Specify how many failed:  / / /



9. Was the One-Call Center notified? ☒ Yes ☐ No

9.a If Yes, specify ticket number: Not Available

9.b If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:

10. Type of Locator: ☐ Utility Owner ☒ Contractor Locator ☐ Data not collected ☐ Unknown/Other

11. Were facility locate marks visible in the area of excavation? ☐ No ☒ Yes ☐ Data not collected ☐ Unknown/Other

12. Were facilities marked correctly? ☒ No ☐ Yes ☐ Data not collected ☐ Unknown/Other

13. Did the damage cause an interruption in service? ☐ No ☒ Yes ☐ Data not collected ☐ Unknown/Other

13.a If Yes, specify duration of the interruption: 5 hours 00 min

14. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):

One-Call Notification Practices Not Sufficient: (select only one)

- ☐ No notification made to the One-Call Center
- ☐ Notification to One-Call Center made, but not sufficient
- ☐ Wrong information provided

☒ Locating Practices Not Sufficient: (select only one)

- ☐ Facility could not be found/located
- ☒ Facility marking or location not sufficient
- ☐ Facility was not located or marked
- ☐ Incorrect facility records/maps

Excavation Practices Not Sufficient: (select only one)

- ☐ Excavation practices not sufficient (other)
- ☐ Failure to maintain clearance
- ☐ Failure to maintain the marks
- ☐ Failure to support exposed facilities
- ☐ Failure to use hand tools where required
- ☐ Failure to verify location by test-hole (pot-holing)
- ☐ Improper backfilling

☐ One-Call Notification Center Error

☐ Abandoned Facility

☐ Deteriorated Facility

☐ Previous Damage

☐ Data Not Collected

☐ Other / None of the Above (explain)

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